

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/527790

FILING DATE

APPLICANT

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8	1		1			
9		1				
10		1				
11		1				
12	1			1		
13	1					
14		1				
15		1				
16		1				
17		3				
18				1		
19		1				
20		2		1		
21	1			1		
22	1			1		
23	1			1		
24		3		1		
25		3		1		
26	1					
27	1			1		
28				1		
29				1		
30				1		
31				1		
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48						
49						
50						
TOTAL IND.			9			
TOTAL DEP.			25			
TOTAL CLAIMS			34			

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
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96						
97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						